

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006747

1. Entity Name
GORE-OVERGAARD BROADCASTING, INC.



Principal Place of Business
**11310 E. ARABIAN PARK DR.
SCOTTSDALE, AZ 85259**

Mailing Address
**PO BOX 2164
LA GRANGE, IL 60525**



DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3445813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD OVERGAARD, CORDELL J 11310 E ARABIAN PARK DR SCOTTSDALE, AZ 85259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS MCMASTER, WILLIAM G JR 495 OAK STREET GLEN ELLYN, IL 60137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCEO GORE, HAROLD W 1000 OLDE DOUBLOON DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CARRARA, SHARON 813 S. 8TH AVE LA GRANGE, IL 60525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000312868
04/18/05-80101-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon Carrara, ASST. SECRETARY 4/11/05 708/579-9831